

July 11, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-0849-01
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ____ for an independent review. ____ has performed an independent review of the medical records to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating physician. Your case was reviewed by a Chiropractic Doctor who is Board Certified in Anesthesia and Pain Management.

THE REVIEWER OF THIS CASE DISAGREES WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER ON THIS CASE. Interferential neuromuscular stimulator is medically necessary.

I am the Secretary and General Counsel of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by ____ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must in writing and it must be received by the TWCC Chief Clerk of Proceedings within ten (10) days of your receipt of this decision (28 Tex. Admin. Code 142.5).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk Proceedings within twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you five (5) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile of U.S. Postal Service from the office of the IRO on July 11, 2002.

Sincerely,

MEDICAL CASE REVIEW

This is for _____. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0849-01, in the area of Pain Management. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Request for review of denial of the purchase or rental of the RS4i Sequential Stimulator.
2. Correspondence.
3. History and physical.
4. Operative report.
5. Radiology reports.
6. Emergency room documentation.
7. Medication administration record.

B. BRIEF CLINICAL HISTORY:

The patient is a 45-year-old male who has had lower back pain secondary to an injury at work. Apparently, there is some prominent bulging disk at L5-S1 and some moderate chronic degenerative disease. The patient has undergone some treatment with medications and with lumbar epidural steroid injections, and has improved considerably. He is using the RS4i interferential neuromuscular stimulator for his residual pain, and this has, since 1/03/02, eliminated his need for medication.

C. DISPUTED SERVICE:

The service being disputed is the neuromuscular stimulator, and the reason for the determination was a lack of objective clinical findings to justify the requested services and procedures. The reviewer stated that the stimulator was about as good as a placebo in relieving pain at this stage in the treatment plan.

D. DECISION:

I DISAGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE. I DISAGREE WITH THE PREVIOUS REVIEWER THAT INTERFERENTIAL STIMULATORS ARE NO BETTER THAN PLACEBO.

There is adequate evidence in the literature to suggest that the interferential stimulators can not only provide pain relief but provide a better environment for healing to occur. In this particular case, this patient has been able to deal with his lumbar radiculopathy with the stimulator alone and has eliminated most of his medications. This is good evidence that the treatment in this case is medically necessary and appropriate. Therefore, I would recommend that this patient be allowed to have this particular neuromuscular interferential stimulator.

E. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 7 July 2002